

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 8, 2021

3:02 p.m.

MEMBERS PRESENT

Representative Liz Snyder, Co-Chair
Representative Tiffany Zulkosky, Co-Chair
Representative Ivy Spohnholz (via teleconference)
Representative Zack Fields
Representative Ken McCarty
Representative Mike Prax
Representative Christopher Kurka

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

PRESENTATION: ALASKA EARLY CHILDHOOD ENVIRONMENTAL SCAN

- HEARD

OVERVIEW: MYHOUSE MAT-SU HOMELESS YOUTH CENTER

- HEARD

OVERVIEW: CHILD WELFARE IN ALASKA

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

TAMAR BEN-YOUSEF, Executive Director
All Alaska Pediatric Partnership (A2P2)
Anchorage, Alaska

POSITION STATEMENT: Provided a presentation reviewing the report commissioned by A2P2 in 2019 entitled, "Alaska Early Childhood Environmental Scan & Baseline Report on the Condition of Young Children."

IRIS MATTHEWS, President
The Stellar Group
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the presentation on the Alaska Early Childhood Environmental Scan.

JUSTIN PENDERGRASS, Suicide Prevention Advocate
Mat-Su Youth Housing
MyHouse Mat-Su Homeless Youth Center
Wasilla, Alaska

POSITION STATEMENT: Provided a presentation on the MyHouse Mat-Su Homeless Youth Center.

KIM GUAY, Director
Office of Children's Services (OCS)
Department of Health and Social Services (DHSS)
Anchorage, Alaska

POSITION STATEMENT: Provided a PowerPoint presentation entitled, "Child Welfare in Alaska," dated 4/8/21.

ACTION NARRATIVE

[3:02:24 PM](#)

CO-CHAIR TIFFANY ZULKOSKY called the House Health and Social Services Standing Committee meeting to order at 3:02 p.m. Representatives Prax, Spohnholz (via teleconference), Snyder and Zulkosky were present at the call to order. Representatives Fields, McCarty, and Kurka arrived as the meeting was in progress.

[The committee took an at-ease from 3:04 p.m. to 3:09 p.m. to resolve audio issues.]

PRESENTATION: Alaska Early Childhood Environmental Scan

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CO-CHAIR ZULKOSKY announced that the first order of business would be a presentation regarding the Alaska Early Childhood Environmental Scan.

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TAMAR BEN-YOUSEF, Executive Director, All Alaska Pediatric Partnership (A2P2), provided a presentation reviewing the report commissioned by A2P2 in 2019 entitled, "Alaska Early Childhood

Environmental Scan & Baseline Report on the Condition of Young Children." She noted that the extensive number of funders [for the report] reflects an understanding across many sectors that this is an important priority that impacts more than just families or children.

MS. BEN-YOUSEF pointed out that there is more than one interpretation of what makes up the term "early childhood." She said everyone agrees that early childhood is a critical focal point for creating healthier communities. But for some, she continued, it is associated with an age range and for others it is mostly about childcare or preschool or babies and developmental health. These varying perceptions make it hard to be effective when advocating or planning policies for the early childhood sector, which is why A2PS felt this report necessary.

MS. BEN-YOUSEF explained that the report is focused on children prenatal through age 8 and pregnant mothers and is the first step towards identifying and prioritizing statewide needs for this population. The report was commissioned to serve as a resource to support stakeholders, including policy makers, in efforts to better coordinate, align, and integrate the services, supports, and resources that are needed to build a stronger, more comprehensive early childhood system, which in turn leads to a healthier, and in the long term, less costly population of Alaskans. Healthy and supported young children are essential for Alaska's future. Alaska's children are falling behind their peers nationally in health and education outcomes. The roots of the achievement gap start well before children ever enter school. Early interventions work, including family supports and early childhood education opportunities. Investments in early childhood are cost-effective and produce large benefits to children, parents, and society. Many children and families are not receiving the services and support they need.

MS. BEN-YOUSEF stated that in the last few years A2PS has become more involved in the early childhood arena through its work to implement its Help Me Grow Alaska program. She said A2PS is actively participating in several committees and groups such as the Alaska Early Childhood Coordinating Council (AECCC) and has engaged in advocacy and education on prevention, early childhood brain development, and pediatrics best practices. Being active in this realm of early childhood highlighted the ways in which Alaska struggles to work collaboratively and efficiently to improve outcomes for children and families. It isn't easy to advocate for early childhood to be a higher priority in Alaska. The state has much data showing how badly its children are doing

compared to other states but has only recently started looking in an organized way at why or how Alaska's entire system that should be supporting children and families to thrive could sometimes be contributing to some of the bad outcomes.

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MS. BEN-YOUSEF expressed her hope that this background information will help members to browse through this report and recognize the connections between systems and outcomes. She recalled that about three years ago A2PS attempted with several of its state and nonprofit partners to provide information to policy makers on the programs that fall within Alaska's system of early childhood services and to map out how services were delivered and funded. The goal was to identify inefficiencies and possible duplications in response to early childhood stakeholders advocating to keep early childhood programs off the chopping block. However, despite great presentations given over a two-day hearing before House committees, the biggest takeaway was that ultimately [Alaska] is challenged in defining and framing its early childhood system and there is little clarity about the funding. Upon thinking about this report in response to those questions, A2P2 got excited about what other questions it could answer and how the report could be used to support a focused systems approach to improving early childhood outcomes and healthier communities altogether. To kick off its work A2P2 formed a cross-sector advisory committee that has seen this project through from inception to the end. Input was sought from others outside the community, including tribal healthcare leadership, and the instrumental feedback improved the report.

MS. BEN-YOUSEF related several points for committee members to consider when going through the report. Alaska has more than 94,000 children ages zero through eight. The report is not the end all, many deeper dives that can be taken based on the information. The report highlights some big issues that hugely impact the ability to create effective policies and programs in an equitable way. The data section of the report, "The Status of Young Children and Families," provides a baseline on the status of children zero through eight and pregnant mothers based on 2018 data. This baseline is critical to evaluating the impact of investments and programs. The pandemic was not anticipated in early 2019, but this baseline is even more important now while trying to measure the impact that COVID-19 has had on families and young children and on the services that they need. Finally, A2P2 worked hard to let the data speak for itself and recommendations are intentionally not included in

this report. Every stakeholder will find some sections that are more connected to their work than others and A2P2 hopes it will provide everyone with some tools to advocate and plan in a more unified and coordinated way.

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MS. BEN-YOUSEF noted the report is divided into four sections, with the two larger sections being the early childhood system, which is the Environmental Scan, and the status of young children and families, which is the data section. At the end of the report are individual regional profiles based on the seven public health regions of the state.

MS. BEN-YOUSEF stated that the timeline in Section I identifies significant milestones in early childhood initiatives, policy changes, and program developments over time starting with Alaska's purchase from Russia in 1860. While young children and mothers lived here long before 1860, a documented datapoint from which to start was needed.

MS. BEN-YOUSEF said Section II is the early childhood system scan. Early childhood systems are defined nationally as dynamic cross-sector collaborations between organizations with a shared mission to help children and families thrive. To be able to dig into the data for this report A2P2 first had to determine what made up Alaska's early childhood (EC) system. This section defines the elements/components of a high functioning EC system and discusses the status of each element in Alaska - funding, data systems, quality standards, family engagement and outreach, workforce and professional development, and governance and leadership. For each of these components, this section identifies what is in place, where the system has gaps and challenges, and where it has strengths. These components are linked, overlapping, and mutually reinforcing pieces, and when properly functioning these components should provide a strong infrastructure for young children and their families to thrive.

MS. BEN-YOUSEF said Section III is where most of the data is reported and this section essentially creates a baseline on the status of young children and mothers. It identifies and reports on a set of research-based indicators that could be used to measure population level changes and trends over time in four main areas - demographics, health and development, child safety and family supports, and school readiness and success. Indicators were selected based on nationally recognized measures of child health, wellbeing, and development, as well as the

availability of data in Alaska. This baseline is pre-COVID-19 and now some of these indicators most likely look very different, for example, childcare availability, and maternal mental health.

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CO-CHAIR ZULKOSKY confirmed to Representative Kurka that the document being discussed by Ms. Ben-Yousef is not in the committee packet.

MS. BEN-YOUSEF clarified her presentation is not a PowerPoint presentation and is essentially the report broken into visuals.

MS. BEN-YOUSEF resumed her presentation. She specified that the regional profiles are divided into Alaska's seven public health regions and highlight select indicators for each of these regions. The indicators are demographics, mothers and babies, child safety and maltreatment, family supports, and early childhood education. The regional profiles when compared to one another shed light on the distribution of resources across the state. Not surprisingly the indicator data on outcomes almost always corresponds with access or lack of access to supports.

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MS. BEN-YOUSEF focused on the component of funding within the Environmental Scan. She displayed a map that many members saw last month when A2P2 made legislative visits and said that seeing the flow of funding for early childhood illustrated in this way helps to understand the level of complexity in these funding streams. It also explains why there are no simple answers when asked whether the state's investment in early childhood is effective or sufficient. She stated that understanding the sources of funding, how these dollars flow, and all the attached mandated restrictions is key to strategically financing the system and to understanding what flexibility is had to work with these funding sources, leverage them, or tailor policy or regulations to do more with the funding available. Drawing attention back to the map, she explained that this funding analysis is a preliminary look at recurring state and federal investments within Alaska that directly target young children and pregnant post-partum women. Using this map anyone can look up the individual programs and funding sources to get a better understanding of the complexity, restrictions, eligibility barriers, and opportunities that

impede or enable these programs' ability to serve children and families in the state in an equitable and efficient way.

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MS. BEN-YOUSEF specified that in fiscal year 2018 Alaska received \$138.4 million in federal investments and \$26.4 million in state investments for early childhood programs. State dollars made up 16 percent of all investments in Alaska's early childhood system. Not all federal funding goes directly to the state: \$64.9 million flowed through the Department of Health and Social Services (DHSS) and the Department of Education and Early Development (EED), and \$73.5 million flowed directly to grantees such as Head Start, Early Head Start, and other tribal programs, bypassing the Office of the Governor and state departments. At the local level, blending and grading of funds is already occurring to sustain programs, so the map doesn't cover those funding streams and doesn't include the large amount of money that families spend out-of-pocket on early childhood services. The report itself does touch on Medicaid.

CO-CHAIR ZULKOSKY noted that the full report is on BASIS and that Ms. Ben-Yousef is discussing pages 18 and 19 of the report.

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MS. BEN-YOUSEF continued her presentation. She said the report goes through some of the challenges and barriers to funding and highlights some of the strengths that exist. One challenge is that the actual importance of the first years of a human's life is not necessarily reflected in state budgets. Early childhood programs are continuously put on the chopping block. Addressing the challenges of Alaska's childhood population requires significant investment, but there is no oversight body or organized way to identify opportunities to coordinate these complex funding streams or to strategically make system level recommendations. An example of a strength is that Medicaid expansion has increased access to health care for children and pregnant women and the Medicaid 1115 Behavioral Health Waiver increases preventative care opportunities that are known to reduce costs. Alaska also has several initiatives to improve the early childhood workforce, including professional development for infants and early childhood mental health providers, which is an identified need. As well, there are scholarships and incentives for specialized early intervention staff, health care providers, and early childhood educators. There have been several iterations of early education bills

illustrating that there is a strong appetite to rethink some of these areas of improvements. Finally, Alaska has a strong and vocal network of engaged stakeholders who want a strong early childhood system.

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MS. BEN-YOUSEF stated that the governance component has been the major focus of A2P2's work in early childhood. She related that the report talks about three common approaches to state level early childhood governance used by most states - coordinated, consolidated, and creation of an altogether new agency. Alaska currently uses a coordinated model where multiple agencies coordinate and collaborate with each other through formal interagency agreements. This model may or may not have state level task force, committee, or other type of leadership body. Alaska's coordinated model has programs and services housed primarily within EED and DHSS. With the recently proposed DHSS bifurcation, early childhood services would have potentially been coordinated between three different departments.

MS. BEN-YOUSEF addressed why Alaska's coordinated model is so uncoordinated. She related that within Alaska at least seven convening bodies provide leadership and direction to different components of the early childhood system, with each body having different authority and focus and some impacting early childhood efforts more directly than others. The bodies are Alaska Early Childhood Coordinating Council (AECCC), Alaska Children's Trust, Alaska Mental Health Board, Alaska Mental Health Trust Authority, Alaska Workforce Investment Board, Governor's Council on Disabilities and Special Education, and State Board of Education and Early Development. She pointed out that AECCC is the only council strictly focused on early childhood and is also the only body with no paid staff, no statutory authority, no written mandate to produce an annual report or issue recommendations to the governor or legislature, and no formal avenue for advocacy. Many of AECCC's members are state employees and therefore they are limited in their ability to respond to policy and budgetary decisions that affect young children. As far as the question of AECCC's role in coordinating early childhood, she advised the short answer is that it can't.

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MS. BEN-YOUSEF stated that regarding system-level coordination, Alaska gets bogged down in the program level. She explained

that Alaska has a coordinated governing structure that spans across departments but lacks the strong governance or organizing structure that can provide a common vision, oversight, management, and accountability of the state's early childhood system and funding streams, including the ability to report to stakeholders in a meaningful way. Many of the previously mentioned leadership bodies have overlapping priorities related to early childhood. For example, while the AECCC is tasked with providing oversight for five federal grants it doesn't have oversight of all early childhood programs. Some programs fall under the Governor's Council on Disabilities, the State Board of Education and Early Development, or other state boards or commissions that have responsibility for goals or plans relevant to Alaskans and children. Also, the AECCC is more limited in both resources and authority, which means that there is a need and an opportunity for more coordination of early childhood coalitions, tribal organizations, and entities like hospitals, private funders, and businesses that fund or support community early childhood initiatives.

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MS. BEN-YOUSEF, in response to Representative Prax, stated there are 94,000 children in Alaska.

REPRESENTATIVE PRAX offered his understanding that between the federal government and state government, \$154 million is being spent per year.

MS. BEN-YOUSEF replied that in 2018 the federal investment in Alaska for early childhood specifically, so it doesn't include Medicaid for example, was \$138.4 million with a \$26.4 million state match.

REPRESENTATIVE PRAX calculated that that is \$14,000 per year per child, plus Medicaid and others. He concurred there is room for improvement.

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REPRESENTATIVE MCCARTY asked whether the 94,000 children aged zero to eight is the number of children in Alaska or the number of children being served by these programs.

MS. BEN-YOUSEF answered that it is the number of children in Alaska in 2018 aged zero to eight.

REPRESENTATIVE MCCARTY inquired about the number of children being served.

MS. BEN-YOUSEF responded she will get back with an answer as she doesn't have the number off the top of her head.

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IRIS MATTHEWS, President, The Stellar Group, stated that the number probably could be [calculated] but explained it wouldn't necessarily be a unique number because some children might receive funding through multiple programs and some of Alaska's numbers are based on eligibility, not actual. She said it is known how many sites receive CACFP [Child and Adult Care Food Program] redemptions, how many children they serve roughly, but that the number can fluctuate throughout a month or a week or even a day. She said she therefore wouldn't feel comfortable just adding up all the numbers of children served across the categories and giving that as a unique number.

REPRESENTATIVE MCCARTY said he would appreciate getting the numbers.

MS. MATTHEWS noted that the need for data is one of the sections of the early childhood system that Ms. Ben-Yousef hasn't yet talked about. She specified that one of the only ways to answer a question like that is to have an integrated data system, which Alaska does not currently have. When data can be linked across programs a much more complete picture is provided of how different programs might be contributing to particular or unique children and allow a look for outcomes later down the line. For example, a question that could answered with an integrated data system is whether children who receive a certain set of services do better in, say, their third grade reading scores than a set of children from the same community who maybe do not [receive that set of services]. Some states have invested in those systems and are able to answer some of those more complex questions about how services are distributed across their state.

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REPRESENTATIVE KURKA stated he knows many children, including his own, who don't receive services. He said he therefore questions the relevancy of the 94,036 children in this category and would appreciate receiving the data.

MS. BEN-YOUSEF answered she would argue that all children are involved in this in one way or another "because we're not just talking about services or supports for children in need, we're talking about workforce development, so childcare, teachers, and early education, and we're talking about health care, and ... early intervention services, developmental screening that occurs within a pediatrician's office." She added that she "would argue that every child in the state is accessing one form of service here in early childhood programs or another in one way or another."

MS. BEN-YOUSEF resumed her presentation. She brought attention to the regional profiles and pointed out that the northern and southwestern regions of Alaska are consistently underserved. She explained that poverty, which is the single greatest threat to a child's well-being, has the highest rates in those same areas. For children ages zero to seventeen, it is 27 percent in the Northern Region and 35 percent in the South Region versus 11-15 percent in the Matanuska-Susitna ("Mat-Su") and Southeast Alaska regions. The teen birth rate is over 43 percent in the Southwest Region and 56 percent in the Northern Region versus 9-19 percent in other regions. These profiles highlight some of those areas where there could be clear benefit from digging deeper to understand what is behind these disparities.

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MS. BEN-YOUSEF stated that rural Alaska is underutilizing the childcare assistance program, which operates under Public Assistance at the DHSS. She related that for the Northern Region, which includes the Nome Census Area, North Slope Borough, and Northwest Arctic Borough, children zero through eight make up 16 percent of the regional population, but the average monthly caseload for Child Care Assistance Program (CCAP) represents less than 1 percent of average monthly caseloads for the state, which translates to just over \$5,000 in average monthly benefits to that region. She compared this to the Gulf Coast Region where young children make up 12 percent of the population, roughly 9,490 children compared to 4,425 in the Northern Region, and the average monthly caseload is 12 percent of monthly caseloads in Alaska and translates to nearly \$164,000. Children zero through eight make up about 16 percent of the population in Southwest Alaska and less than 1 percent of the average monthly caseloads are utilized there, amounting to just \$150. In Anchorage young children make up 13 percent of the population, like the Northern Region, but in Anchorage it translates to about 36,856 kids, approximately 8 times more kids

than the Northern Region, and the average monthly caseload for childcare assistance is 64 percent, which amounts to over \$740,000, which is 148 times 5,000 the monthly average of benefits utilized in the Northern Region.

MS. BEN-YOUSEF noted that something to reflect on while looking at the above-mentioned numbers is that based upon the Providence Community Health Council's 2018 Anchorage Community Needs Assessment, Anchorage is considered an underserved area. She said she recognizes that this isn't black and white and that there are other sources of funding distributed directly to tribes that could be supplementing some of these services. But, she continued, it does raise some big questions about how these benefits get distributed, whether regions are set up to even utilize these benefits, or how much is understood about how funding gets distributed across the state.

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MS. BEN-YOUSEF stated that there are some logical answers behind some of these questions about how regions utilize resources and assistance programs, but they're not widely known or understood, and a better understanding can provide opportunities for serving families more efficiently. For the Child Care Program Office, for example, it's likely a question of access to licensed childcare. There are only five licensed childcare facilities in the Northern Region compared to 56 in Southeast which has a smaller percentage, 11 percent of young children, than Southwest. Of the five licensed childcare facilities, two accept Child Care Assistance Program vouchers, both of which are in the Nome Census Area. The CCAP childcare assistance program vouchers can only be used at licensed facilities or with exempt providers. Head Start and Early Head Start and school district pre-K programs provide most early learning opportunities, although not all children are served in a classroom setting. Thread estimates that 40 percent of children zero to five in the Northern Region were in unlicensed care, which might include using family, friends, or neighbors to care for children.

MS. BEN-YOUSEF advised that tribes receive federal tribal childcare assistance funds which are not included in these regional profiles. As sovereign governments, she explained, that data is not reported to and through the state, so the bigger picture isn't had that tells how those funds are being spent by each community. There are missing pieces that could explain how different communities are braiding and blending their funds to support families outside these state resources.

Understanding those pieces, or whether the state funds are considered meaningful and effective investments, could help increase or strengthen the services and supports provided by the tribal assistance funds. Knowing this information would provide the ability to identify what supports communities have or don't have access to and would provide the ability to strengthen and elevate investments that lead to positive outcomes. State level priorities and policies must also consider the diversity between Alaska's different regions and the very different challenges and strengths of each of them.

MS. BEN-YOUSEF pointed out that the Mat-Su School District's school readiness and success rates are higher than the statewide average and higher than Anchorage. She asked why that is and noted that there is anecdotal information on private investments and initiatives that bring community members and organizations together in collaboration to promote family resilience and reduced child maltreatment. However, she continued, it would require a deeper level of analysis of how Mat-Su invests private funds to make any causal correlation and understand which of those investments are most effective.

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MS. BEN-YOUSEF moved to the status report and examined the section on health and development. She noted that this baseline report on the status of young children and moms would look different if it were compiled today. She explained that many of Alaska's communities were already struggling with access to childcare pre-COVID-19, and now new data is showing staggering increases in the rates of maternal depression during pregnancy and in the year after pregnancy. Research, including studies from Harvard University Center for the Developing Child, shows that mothers experiencing depression are less able to sufficiently respond to their baby's needs during the most critical period of the baby's development. Mother's stress disrupts the infant's brain development which then impacts the ability to learn and the child's physical and mental health later in life. In Alaska pre-COVID-19, depressive symptoms among mothers are reported at the same rate at four months post-partum as at three years post-partum. New data shows the rates of maternal depression doubling and tripling due to COVID-19.

MS. BEN-YOUSEF turned to the topic of social workers. She said Alaska has three professional licenses for social workers but only the highest level of licensed clinical social worker (LCSW) can go Medicaid for services, such as psychological testing,

psychotherapy, and crisis intervention. To be an LCSW, a person must hold a Master or Doctor of Social Work from an approved college or university, have two years of post-master supervised experience, have passed a licensing exam, and met all other requirements. The median salary for social workers in Alaska is just over \$47,000. The emotional stress with that job can be high, especially when dealing with kids and infants. Other barriers make it hard for Alaska to retain and expand its mental health workforce, especially for this population, but Alaska's Medicaid policies tend to disincentivize providers from offering their services to the Medicaid population, which often are the ones most in need.

MS. BEN-YOUSEF returned to the discussion of data and noted that a lot can be done with data - inform policy, assess program effectiveness, ensure the right investments are being targeted, and develop quality improvement practices and accountability. She looked at the sources and types of data for early childhood in Alaska. She explained that integrated data systems are all the rage these days and rightfully so, but while there is a significant interest in having better data for decision making and for answering questions like the committee has asked today, these types of integrated systems require a significant investment to build and maintain. Alaska had an attempt during the development of its Statewide Longitudinal Data System (SLDS) through the Alaska Postsecondary Commission with an administrative order signed by Governor Parnell. But after the initial funding ran out, the SLDS, known as the Alaska Navigator Statewide Workforce and Education Related Statistics (ANSWERS), struggled to find sustainable funding and decommissioned ANSWERS in 2019. While fully integrated data systems probably still are a faraway dream for Alaska, the state has within DHSS the Alaska Longitudinal Child Abuse and Neglect Link (ALCANLink) Project developed by Dr. Jared Parrish. That program is already providing extremely valuable data to programs and initiatives.

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MS. BEN-YOUSEF related that A2P2 has been involved in leading a group of stakeholders tasked with developing recommendations for a new organizing structure for Alaska's early childhood system, and the state now has an Early Childhood Strategic Plan. This strategic plan was created in 2019 and the Environmental Scan report served as one of the key source documents for the plan. She said 540 Alaskans provided input for this strategic plan through three community gatherings, three joint task force work

groups, two statewide video conferences with 19 participants, six joint task force meetings, 63 early childhood professionals in 11 sessions, 301 online stakeholder survey responders, and over 50 joint task force leadership team meetings.

MS. BEN-YOUSEF stated that this strategic plan presents a north-star 10-year vision that was approved by federal funders and was adopted last week by the AECCC. The governance work is the result of goal three of this plan. Alaska's children and families are supported by a functional comprehensive mixed delivery early childhood system. She urged that while working to allocate the American Rescue Plan dollars, legislators refer to the strategic plan as a data driven evidence-based resource for how to infuse the funds that can be spent on early childhood services in Alaska. The plan was created and reviewed by people with the closest and most extensive experience in both utilizing and providing services to families and it is one of the most collaboratively created documents in Alaska today. Ms. Ben-Yousef encouraged members to read the 16-page Policy Impact Summary From Zero to Three on the benefits for infants and toddlers in the 2021 ARP Act. She related that many people in this sector are working hard to understand the guidelines and restrictions in this Act and to identify opportunities to infuse money into areas where it will truly make a systems level impact. Opportunities are in there to support the type of governance work being done for early childhood systems. She encouraged committee members to reach out to A2P2 with any questions when work is begun on those allocations.

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CO-CHAIR ZULKOSKY recalled Ms. Ben-Yousef mentioning that she wanted the data in the report to speak for itself and therefore a conscious decision was made not to include any sort of specific recommendations. She asked how Ms. Ben-Yousef envisions a document like this being worthwhile in terms of its utilization by policy makers.

MS. BEN-YOUSEF replied that it takes understanding the system to be able to make effective decisions about it. The document, through the visualizations of the funding map and through looking at each of those components that make up the system, can provide a user-friendly way of getting to know what makes up the components of the early childhood system. It is a resource to refer to and flip through while working on policy. The report has served already as a supporting document for SB 8, Senator Begich's Reads Act, and she hopes it continues to serve as a

resource for other policies moving forward. It served as one of the key resources for the strategic plan and can be used to look at where Alaska has some big gaps and disparities in how resources are distributed. It is a baseline to measure effectiveness in the future and she encourages folks to use it in that way and to ask the questions: "What is the data that we want? Can we answer the questions that we have with this data and if we don't then how can we get that data?" The report helps to bring everyone together in a more cohesive way.

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REPRESENTATIVE SPOHNHOLZ commented that compensation to early childcare providers is under \$27,000 per year, which is not a livable wage, while kindergarten teachers make an average of \$62,000. Early childhood providers should be paid in a commensurate fashion, she opined, because this is a profession and children are the most important national asset. She recalled Ms. Ben-Yousef stating that only a very narrow pool of social workers, the licensed clinical social workers, can bill Medicaid. She asked what the barrier is to those folks being able to bill Medicaid.

MS. BEN-YOUSEF responded it is the way Medicaid policies are written and who is eligible to bill.

REPRESENTATIVE SPOHNHOLZ further asked whether there are special hoops that must be gone through to be able to bill Medicaid or whether it is the range of services that can be billed to Medicaid. In other words, she continued, whether it is a licensure issue or the categories of services for which Medicaid allows billing from social workers.

Ms. BEN-YOUSEF answered it is the type of licensure that is the barrier.

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REPRESENTATIVE FIELDS offered his appreciation for the presentation. He related that Alaska is apparently going to receive about \$76 million through the Rescue Plan for CCDBG grants. He agreed with Representative Spohnholz about underpaid early education providers and a lack of adequate supply of early childhood education, and thanked Ms. Ben-Yousef for the graphs on pages 14 and 15 which provide this information. He offered his hope that the committee can keep looking at how to strengthen the system, including making early childcare and

learning a living-wage profession so there can be an adequate supply [of professionals].

OVERVIEW: MyHouse Mat-Su Homeless Youth Center

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CO-CHAIR ZULKOSKY announced that the next order of business would be an overview regarding the MyHouse Mat-Su Homeless Youth Center.

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JUSTIN PENDERGRASS, Suicide Prevention Advocate, Mat-Su Youth Housing, MyHouse Mat-Su Homeless Youth Center, explained that MyHouse is a drop-in center for homeless teens in the Matanuska-Susitna (Mat-Su) Valley. He said it serves the demographic of 14- to 24-year-olds who are at risk of being homeless, couch surfing, or who are sleeping outside in tents or vehicles. Over the last 10 years a job training program has been developed through this facility, but other needs are also directly affecting the youth in the Mat-Su Valley. A big thing is suicide, so he was brought on to help collect data and combat some of the difficulties and things that are struggled with in the Mat-Su Valley as far as suicide goes.

MR. PENDERGRASS related that during his time in this work, he has noticed that there is a lot of awareness across Alaska, but that awareness does not provide outcomes. If there are no measurable outcomes, he advised, it is not prevention. If it is not intended to be prevention and offers no connections and no outcomes, then it is awareness. He said things need to be done in a different direction to lower the rates of suicide in Alaska. He pointed out the ways that this can be done. The opposite of suicide is connection, he explained. True prevention requires connection strategies for moving out of the depression and sadness and using mentors and peer support models for recovery. Peer led support has proven time and time again to make large impacts on substance abuse recovery across the state because of the connections it builds.

[4:05:12 PM](#)

MR. PENDERGRASS stated that if true authentic connections are established between those who are struggling and those who have struggled, a true shift in suicide will be seen in Alaska. He advised that this requires the building of a statewide network

of peers who understand the difference between awareness and prevention. Placing a peer in every school who is fully trained with the standard of living experience would help to connect the counselors to extra resources to be able to help these youth. Counselors are not fully equipped for helping someone who is in a crisis for suicide. Over the last six years MyHouse has implemented the strategies of true prevention with peer mentors and support that builds actual authentic connections. Of the more than 700 clients, 480 struggle with suicide - that's 67 percent of homeless youth who struggle with suicide in the Mat-Su Valley alone. Since implementing these strategies, MyHouse has not had a completed suicide within its program since 2015 and he has yet to see a program that can show something that has done better.

MR. PENDERGRASS shared that the reason he is so passionate about this is because he struggles with suicide. He fell through the cracks, he related, he didn't have school to help him, he was homeless at 16, and he battled for years. He said he would like to see for-real change in his community because the numbers are increasing and the awareness is increasing, but a change is not being seen and the numbers are not going down. The continued funding of programs that aren't providing true prevention will result in rates continuing to increase and youth continuing to succeed in ending their lives. This [suicide] pandemic will continue for years to come and affect more and more youth throughout the Mat-Su Valley and the rest of the state.

MR. PENDERGRASS said he wants to make clear that counselors are doing a great job in providing clinical support to kids, but they are not doing a good job in providing real human connection. Real human connection is the difference between someone ending their life and someone not ending their life. He found that in mentorship and peer support, people came around him and loved him when he had no one who could.

[4:08:25 PM](#)

REPRESENTATIVE PRAX inquired whether Mr. Pendergrass said he had 700 clients in the Mat-Su Valley.

MR. PENDERGRASS replied correct, 700 homeless youth, 700 clients in the Mat-Su Valley. Responding further to Representative Prax, he clarified it is 700 clients with 1,300 being the cap.

REPRESENTATIVE PRAX recalled Mr. Pendergrass saying these are homeless [youth] who are couch surfing or living outside a building in a tent or car.

MR. PENDERGRASS answered correct.

REPRESENTATIVE PRAX remarked, "Incredible."

[4:09:58 PM](#)

REPRESENTATIVE MCCARTY shared his experience in Kodiak as a tennis coach and that suicide awareness was one of several themes. Regarding connections and that it takes a village, he asked what Mr. Pendergrass would suggest for how others in the village, especially youth, could be involved.

MR. PENDERGRASS suggested that a peer-to-peer network be built that includes people like himself who have struggled and come out on the other side. He related that while growing up in the Mat-Su Valley he lost four friends in high school to suicide. He said he was homeless and didn't go to school much because it wasn't a priority to him; if he went to school, it was for food. It is building a connection group of peers who know the difference between awareness and prevention. Prevention is real authentic connection, having conversation, listening, meeting with these people, it's going where they are. Real peer support is someone who has gone through the darkness and come out on the other side and has grown through it. He said it is the job of every person in the state to prevent suicide.

OVERVIEW: Child Welfare in Alaska

[4:13:21 PM](#)

CO-CHAIR ZULKOSKY announced that the final order of business would be an overview entitled, "Child Welfare in Alaska."

[4:13:34 PM](#)

KIM GUAY, Director, Office of Children's Services (OCS), Department of Health and Social Services (DHSS), provided a PowerPoint presentation entitled, "Child Welfare in Alaska," dated 4/8/21. She displayed slide 1 and stated she would be talking about the day-to-day work of the Office of Children's Services and how a case or family flows through the OCS. She moved to slide 2, "Office of Children's Services," which outlined the mission, vision, guiding principles, and core

values of OCS. She said OCS strives toward its vision to have safe children and strong families; its guiding principles; and its core values of hope, integrity, respect, and empathy. She stated that these are talked about with staff from the day they come in the door.

MS. GUAY turned to slide 3, "Office of Children's Services: Progression of a Case." She explained that things begin with a Report of Harm through community and mandatory reporters who are concerned about children they are working with, or exposed to, or related to. The report is next screened by Intake and then progresses to Investigation and Assessment, where OCS folks around the state investigate child maltreatment and assess for safety. About 10 percent of the investigations end up in a legal relationship with OCS. Those families are called "family services cases" or "family services families," and this is where OCS is working with the families more formally through court intervention. With family services cases there is then a conclusion that OCS calls Permanency, such as reunification or other forms of permanency for children.

[4:16:39 PM](#)

MS. GUAY addressed slide 4, "Office of Children's Services: Intake." She related that OCS has an Intake hotline and that OCS receives around 20,000 reports a year via walk-ins, faxes, and phone calls. The intake worker talks to the reporter and tries to ascertain numerous things, such as the demographic information, but primarily OCS needs to know what the concern is and how immediate the concern is so that OCS can determine its response to that call. The two decisions that come out of Intake are whether OCS is going to "screen in" a call report and investigate it, or whether OCS is going to "screen out" that report. She noted that sometimes several mandatory reporters are exposed to a situation and so OCS gets multiple calls on that one incident, in which case it will screen in one call and screen out the others. Sometimes the information that is called in does not rise to the level of a maltreatment and investigation and assessment by the state. Sometimes OCS needs to gather more information and may end up calling the school or a doctor to help determine if this needs to be a screen out or a screen in. For the cases that are screened in, OCS must determine if it's a priority 1, or a priority 2, or a priority 3, which means that OCS must see the children face-to-face within 24 hours, or 72 hours, or 7 days, respectively. Sometimes that's easy, but Alaska's vastness and the children's location can make it very difficult, especially if OCS must fly

into a community within a 24-hour period. If it is a situation of needing immediate safety for a child, OCS often depends on local law enforcement or village public safety officers (VPSOs) or the Indian Child Welfare Act (ICWA) workers who are within the communities.

4:20:25 PM

MS. GUAY discussed the data depicted by the bar graph on slide 5, "Office of Children's Services: Intake." She stated that in calendar year 2020 [the start of the COVID-19 pandemic], OCS received about 18,000 reports, and of those 18,000 reports around 7,000 were screened in. A lot less reports are screened in than are screened out, she noted, and this can be due to there being duplicate reports, or reports go to law enforcement and so OCS does not have jurisdiction. Jurisdiction for OCS is defined by parent or caretaker abuse. Something that happens outside the home is not something that OCS investigates; OCS investigates caretaker and parental abuse and neglect.

REPRESENTATIVE MCCARTY inquired whether screened in cases were duplicated or individual cases.

MS. GUAY replied that those are new cases and are not duplicated cases. She said that sometimes OCS will get a report about a situation and then several days later more information comes in. If it meets the criteria to be investigated, it too could be screened in, and so numerous investigations could be open on one family at a time.

MS. GUAY resumed her discussion of slide 5. She stated that OCS investigates and assesses neglect, mental injury, physical abuse, and sexual abuse. She related that 75 percent of the reports are alleging neglect in some fashion, which is substance abuse, abandonment, lack of food or clothing, or children's medical needs not being cared for. Neglect is the primary issue in Alaska and the number one issue is families struggling with alcohol abuse and what occurs to children in that situation. Thirty percent are mental injury, which is domestic violence with families in front of the children; 25 percent are physical abuse of children, and 10 percent are sexual abuse of children.

4:22:06 PM

MS. GUAY displayed slide 6, "Office of Children's Services: Investigation and Assessment," and explained that once a case is screened in, it goes to investigation and assessment. She said

OCS has a practice model, so it has a method, a methodology about how to approach, investigate, and work with families. Once a case is screened in for investigations and assessment, a protocol is followed. One of the first things OCS does is look at the history of the family, whether the family has been investigated before. A third of the reports are first time reports and about 66 percent are families that OCS has been involved with or has had other reports on. So, OCS always looks at what's happened in the past and at criminal history. If the family is Alaska Native and OCS knows who the tribe is, OCS will coordinate with the tribe to help in the investigation and assessment and tries to coordinate the response when interviewing the children and talking with the parents. After doing the paperwork to gather information about what's going on with the family, OCS goes out and talks with the children, which is called assessing for present danger. Is the child safe right now? Can OCS leave here and feel comfortable doing that? Most cases are not present danger situations, typically those happen after hours and many times law enforcement is involved. Sometimes it is serious things like skull fractures and broken bones, but many times it is inebriated parents where domestic violence ensued, the police show up, people are arrested, and somebody needs to care for the children.

4:24:18 PM

REPRESENTATIVE KURKA inquired whether the categories and percentages on slide 5 are based on the total protected services reports (PSR) or on the screened in.

MS. GUAY replied that they are from the screened in reports.

4:24:54 PM

MS. GUAY resumed her review of slide 6. She stated that if it is determined that present danger is there, OCS takes immediate action. A team decision making meeting is held, and OCs looks to figure out how to put a safety plan in place to determine what's going on with the family and make sure the child is safe and then find out the circumstances that have led to this child to be unsafe. If there is no present danger, OCS then looks at what is going on in the family and what are the needs.

MS. GUAY spoke to the data shown on the bar graph on slide 7, "Office of Children's Services: Investigation and Assessment." She explained that Investigation and Assessment determines maltreatment and determines if the child is safe. These are

independent decisions that are made, and the data is a little bit different - about 40 percent of the children are screened in and 10 percent of the screened in children end up in a removal type situation, so the rest of those cases end up closed in investigations, which is different than a substantiation. There may be a family where OCS substantiates maltreatment, but removal is not necessary, so that is why the number for maltreatment is higher than the removal episodes. Calendar year 2020 had 10 percent removal and 19.3 percent in substantiations. When OCS goes to close out a case, after having completed the protocol of talking with the children and talking with the parents, if there's a medical concern on a child OCS wants to talk to the doctor, if it's an educational concern or the children are not showing up at school, they don't have food, they don't appear well kept, OCS wants to talk to the school. So, OCS tries to talk to the people who have the collateral information to help in making determinations about what is going on with the family. And then OCS tries to make referrals as needed. If it's basic needs OCS tries to help with food, clothing, and shelter within the communities and it all depends on the communities in which the family resides and how easily that can happen.

[4:28:08 PM](#)

REPRESENTATIVE KURKA requested clarification of the removal and substantiation tables found on the right side of slide 7. He offered his understanding that these tables are the percentage breakdowns of the blue bar (screened in category) depicted on the graph.

MS. GUAY responded, "Correct."

REPRESENTATIVE KURKA surmised the two charts on slide 7 were comparing "apples to apples."

MS. GUAY answered yes. In further response, she confirmed it is quite a bit of difference [between removal and substantiation].

REPRESENTATIVE KURKA explained he is asking because it seems that the bar graph doesn't depict as big a difference [between removals and substantiation] as is stated in the tables; for example, in the tables for calendar year 2016 the removals are at 9 percent and the substantiations are at 24.7 percent.

MS. GUAY confirmed it is quite a bit of difference. She explained how that works by providing scenarios. She said some

parents can have a very stressed moment and end up leaving bruises on their child, it's reported to OCS, they've already engaged in services, they are remorseful of what's been done, they don't want this to happen again. The Office of Children's Services may substantiate maltreatment because maltreatment did occur to a child but there is no need to remove a child. Another situation could be a child was sexually abused, the other parent had no idea that was occurring and when that parent found out they took appropriate action such as immediately getting a restraining order or leaving the house, and they protected their child. So, yes, the maltreatment occurred but the other parent was protective. That is why the discrepancy is seen between a substantiation compared to a removal.

[4:30:22 PM](#)

REPRESENTATIVE MCCARTY referred to slide 7 and inquired about the number of intakes for calendar year 2020.

MS. GUAY replied that OCS screened in 7,268 for calendar year 2020.

REPRESENTATIVE MCCARTY asserted that 17 percent was removed rather than 10 percent.

MS. GUAY responded that this is where it gets complicated. She explained there could be numerous reports that have been screened in on the family, but one report led to a removal and that is where it gets harder to understand the data. She reiterated that typically the families are familiar to OCS and the OCS system and that is where it gets hard to track the data. It takes a lot of research analysis to get the correct number.

[4:32:22 PM](#)

REPRESENTATIVE PRAX referred to slide 7 and asked whether some of the 1,270 removals for calendar year 2020 were repeats.

MS. GUAY answered that 1,270 is the number of children that were removed.

REPRESENTATIVE PRAX surmised that that is likely to be unique individuals.

MS. GUAY replied yes, that would be 1,270 children that were removed in calendar year 2020, which is a little bit different

than the number of PSRs that were screened in. The PSRs that were screened in, which is closer to 18,000, are cases not kids.

4:33:39 PM

REPRESENTATIVE FIELDS recalled Mr. Pendergrass talking about the importance of peer support and said his staff have done great work looking at how to expand peer support. Representative Fields asked how much that expansion in peer support is going to be integrated with the school system and/or with OCS.

MS. GUAY responded that OCS has some grants for youth who are in care as far as mentors for youth. She agreed with Mr. Pendergrass as far as the social connections, which is one of the things that OCS strongly believes in. She said there is a lot of research studying families that are strong to figure out what are their protective factors and OCS works with families to increase their social connections, their resilience, and their knowledge of parenting and skill and resiliency. In addition to children, it is also a very important aspect for parents and OCS is working on trying to increase peer support for parents who are going through the child welfare system because it is a difficult system to navigate, and it is complex.

4:35:45 PM

MS. GUAY continued her presentation. She turned to slide 8, "Office of Children's Services: Court Process," and reiterated that 10 percent of OCS cases end up in a removal situation. She pointed out that Alaska statutes regulate how this works. She referred to the twelve subsections listed on the slide for AS 47.10.011 and explained that when OCS files a petition with the court when OCS removes a child, OCS has 24 hours to file that petition with the court saying that OCS has removed children and is alleging it's due to whatever the situation could be, such as neglect, substance abuse, physical harm. She said OCS files a petition and that gets it into the court and OCS will be in front of a judge within 48 hours after filing that petition. She explained that the flow chart on the right side of slide 7 is about the child in need of aid court process, it is often referred to as the CHINA process. That very first hearing will be a temporary custody hearing and there are strict timelines: 120 days to have an adjudication hearing; a disposition hearing is done quickly after that; and a permanency hearing is done every 12 months.

4:37:25 PM

MS. GUAY spoke to slide 9, "Office of Children's Services: Family Services." She related that when children enter the custody of OCS, one of the first things OCS does is try to have a meeting of the parents, their social supports, and talk about relative placements. It is very important to make sure that children are placed with their relatives when safely able to do so. Statute requires OCS to do a thorough relative search within 30 days. In the assessment process, OCS tries to include the tribes very early on. At this point OCS typically does know the tribes and the tribes are active members in these CHINA cases and proceedings. She said OCS meets with parents and talks about their protective factors - how are they doing with their social connections, resiliency, concrete supports in times of need, and OCS tries to figure out where some deficits could be and how OCS could put in activities and services to help some of those deficits to increase protective factors. Many referrals are made by OCS to community providers to try to do assessments to figure out what level of treatment is needed if it is substance abuse or mental health needs. Also, OCS always is evaluating progress of case plans. A case plan is developed within 60 days when a child has been removed and OCS meets with the families and the children monthly. During that monthly conversation there is discussion about how they are doing and whether behavioral changes are being seen. It is not just attending a parenting class; it's about looking for behavioral change. Also, OCS makes sure that there are family contacts set up with the children. That is one area that is a hard one to set up and have enough family contact for families, but it is something OCS strives to increase as things move forward into the system.

MS. GUAY stated that if a relative placement cannot be found, OCS has foster homes that it places children in. When the process is first started, almost always the permanency plan for children is reunification. Around 50 percent of children who are in out of home care are reunified. The other 50 percent end up in adoptions, guardianships, or tribes sometimes assume jurisdiction. A small number of children age out of their planned living arrangement. The children typically coming into custody are younger children, under the age of six; these children are typically the most vulnerable but not always, it also depends on the kind of maltreatment. The children who do age out are the ones often that have had significant needs, have been in mental health facilities, numerous changes of placement, and have significant trauma. Even when children are placed in

foster homes, OCS still has an obligation to continue looking for relatives throughout the child's experience within OCS.

[4:41:41 PM](#)

CO-CHAIR ZULKOSKY related that she recently participated in a child welfare seminar where there was discussion about kinship navigator, which sounds similar to Alaska's requirement to search for relatives for children who are removed from the home. She further related that in the seminar it was indicated that there is an eligibility for federal reimbursement for those types of services from April 2020-2021. She asked whether DHSS has sought reimbursement for its staff time looking into placing children with family members, regardless of whether the children are American Indian or Alaska Native.

MS. GUAY replied that Alaska is one of the number one states in Title IVE claiming for reimbursable activities and she believes DHSS is pulling down as many dollars as possible. She noted that an initial and ongoing relative search is one of the activities that Alaska tribes do through the Alaska Child Welfare Tribal Compact. She said she doesn't know the specific amount for reimbursement and offered to get back with an answer.

CO-CHAIR ZULKOSKY stated she is interested in any follow-up information the department can provide with respect to drawing down federal dollars for all Alaska children regardless of Native beneficiary status since that is what it sounded like the federal relief funds were being provided for.

[4:43:37 PM](#)

REPRESENTATIVE KURKA related he has an internal conflict between balancing the rights of the accused and protecting the children, particularly when immediate action is needed, and a judgement is being made. He asked how DHSS reaches that balance. He said he is also concerned about the constitutional rights of the accused to know who the accuser is.

MS. GUAY responded that the parents have the opportunity when in front of the judge to be afforded attorneys if they cannot provide one for themselves. She said there are many checks and balances within [Alaska's] child welfare system. It isn't common for OCS to remove children, and it is very infrequent that OCS goes into court and has someone say the child shouldn't have been removed. Many families are struggling with addiction, historical trauma, or mental health issues, and there is statute

and regulation that allows OCS to investigate and make these determinations but then immediately go into court to determine that OCS isn't abusing its power or authority. The parents then have attorneys appointed to them or provide their own attorney to help navigate the system and to advocate for their rights. There is statute that protects the identity of a reporter, although the judge can choose to release that information. The reason a reporter's information is protected is so people will reach out and protect children when they are in harm's way.

4:47:33 PM

REPRESENTATIVE SPOHNHOLZ observed on slide 7 that of the number of reports of harm made annually only a very small number result in removal. She concurred there is a system of checks and balances so that nobody's children are taken from them on a permanent basis without there being clear and convincing evidence that a child is at harm. She inquired whether Ms. Guay knows the average number of reports of harm that are filed in a case before a child is removed.

MS. GUAY answered she will get back with specifics, but she knows that 33 percent are first time reports to OCS and 40 percent have three or more reports that have come to OCS. She said many of these families have significant history, including having been in the foster care system before and having been returned and then ending up in another removal episode. Alaska has a poor statistic of repeat maltreatment, she advised. It is one area that Alaska doesn't do well in. Over the last couple years OCS has focused on looking at children who have been repeatedly maltreated because these children end up with trauma and so it is a concern for OCS. Of the 20,000 reports received by OCS, 1,200 end up in some type of legal intervention removal from the home. There is often a thought that OCS goes out and removes all the children that it gets reports on, but that isn't true. Ninety percent of OCS's investigations end up in a case closure, so 10 percent end up into further involvement with OCS.

REPRESENTATIVE SPOHNHOLZ expressed the importance of prevention to keep children from entering the child welfare system and opined that this is the area where Alaska could do a better job. She recognized the work that OCS is trying to do in that regard.

4:52:27 PM

MS. GUAY displayed slide 10, "Office of Children's Services: Family Services," which outlines how OCS goes about engaging

with families. She said OCS creates case plans and evaluates case plans, and it's about behavioral change because that is what OCS is looking for. She drew attention to the five protective factors listed on the slide that are important in the strengthening of families [parental resilience, social connections, concrete supports in times of need, knowledge of parenting and child development, social emotional competence of children].

MS. GUAY reviewed slide 11, "Office of Children's Services: Child Experience." She reiterated that the system is complex and explained that the slide depicts the child's experience. She pointed out that the removal creates trauma, being maltreated, and repeatedly maltreated creates trauma, and moving foster homes can create trauma. There are checks and balances in the child's experience with OCS. There is OCS, tribes, foster parents, extended family, courts, guardian ad litem, service providers, and public defenders.

MS. GUAY showed slide 12, "Office of Children's Services: Parent Experience," and said the parents' experience is similar in that there are a lot of people involved in the parents' experience with child welfare and the CHINA process; there are attorneys, court hearings, service providers. There are lots of different struggles, with transportation often an issue. There definitely are challenges within the system of child welfare and all the providers that surround families.

[4:54:00 PM](#)

MS. GUAY spoke to slide 13, "Office of Children's Services: Services Array." She explained that this slide depicts "behind the scenes" of OCS. Typically heard about is OCS case workers and supervisors and their interaction with families. There are other programs within OCS, such as the giving of grants to children's advocacy centers. There are the foster care licensing programs, Title IVE. Many staff are behind the scenes that help support all the work done by OCS around the state in child welfare.

MS. GUAY turned to slide 14, "Office of Children's Services: Oversight," and pointed out that OCS has many levels of oversight. For example, OCS is reviewed by the federal government on a consistent basis; OCS is currently on a program improvement plan. She said OCS works closely with the ombudsman and that many families seek out the ombudsman if they have issues. She noted that OCS has audits and a citizens' review

panel, which is a legislative requirement that oversees and looks into OCS's cases and makes recommendations that come to the legislature. The OCS is involved with courts all the time and OCS also has an internal quality assurance unit that reviews the cases and offers feedback and suggestions.

MS. GUAY concluded her presentation with slide 15, "Office of Children's Services: Current Priorities." She stated that current priorities include prevention, as OCS is very interested in getting upstream. She said OCS is being strategic about this because it knows it is still downstream trying to help those families that are currently in the water. Another priority is OCS's retention efforts for its staff as OCS isn't going to get anywhere unless it can get better retention of staff. Yet another priority is essential services, which are the services that OCS gives to children and families, such as monthly meetings with the families, meeting the children and making sure they have case plans. Also a priority, are community and tribal collaboration because OCS cannot do this work alone and needs as many people at the table as possible trying to help families be successful, connect, and have a strong partnership so they can be successful in parenting their children safely.

[4:56:55 PM](#)

REPRESENTATIVE MCCARTY referred to slide 7 and observed that 1,270 children were returned home [in calendar year 2020]. He inquired about the average caseload of an OCS worker.

MS. GUAY replied that it is a hard number to give. If averaging every worker who is filling a PCN and looking at how long they've been here, that number would be around 16 cases per worker, which is not bad. Realistically, she advised, that is not the truth. When workers are out on leave or have quit the agency but not yet walked out the door, and those cases all must be redistributed, she said her best guess statewide is around 24 cases per worker, some higher, some lower. It also doesn't tell that someone in a "roll office" has enormous travel for going to see some of these families, so their caseloads should be a lot lower when it takes two days to travel to see a family, which is much different than jumping into a car and driving across town.

REPRESENTATIVE MCCARTY offered his understanding that most of the cases involve substances. He asked whether there is any ability to do monitoring, such as a portable breathalyzer several times a day that records body chemistry.

MS. GUAY responded that OCS uses a variety of methods depending on the location in Alaska, but the most common is a urinalysis at different facilities to determine drug and alcohol use. Sometimes it is hair follicles. She said she doesn't believe OCS typically does any kind of ankle monitoring at home.

[5:00:01 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:00 p.m.